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QUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/073,823	
Filing Date	2/11/02	
First Named Inventor	Cao	
Art Unit		
Examiner Name		
Attorney Docket Number	5061.18	

To: Commissioner for P.O. Box 1450 Alexandria, VA 22									
Please withdraw me	as attorney or agent for the above ide	entified	patent a _l	pplication	on, and	d			
all the attorney	s/agents of record.								
the attorneys/a	gents (with registration numbers) liste	ed on th	e attache	ed pape	er(s), c	or			
the attorneys/agents associated with Customer Number									
NOTE: This be practition	ox can only be checked when the powers associated with a customer numb	ver of at per.	torney o	f record	d in the	applic	ation is	s to all the	
The reasons for this requ	est are:								
	CORRESPOND	ENCE	ADDF	RESS					
	ence address is NOT affected by this			ence to	•				
2. Change the corre	espondence address and direct all fu	ure cor					<u></u>	٦	
The address associ	ated with Customer Number:								
OR									
Firm or Individual Name	CAO Group, Inc.								
Address	4358 South Skyhawk Drive								
City	West Jordan	State	UT				Zip	84084	
Country	USA								
Telephone 801259282					Email	densen.cao@caogroup.com			
Signature									
Name Daniel McCarth	ny 1 a						36,600		
Date	1/0				Telephone No. 8			8016618998	
NOTE: Withdrawal is effective w	hen approved rather than when received. Unle	ss there a	re at least .	30 days t	etween ed	approval	of withd	rawal and the expiration	

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